

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003279

1. Entity Name

ACCESS MANAGEMENT CONSULTANTS, INC.

FILED
May 20, 2000 8:00 am
Secretary of State

05-20-2000 90004 005 ***150.00

Principal Place of Business

Mailing Address

131 FIRST STREET N.W.
LARGO FL 33770

131 FIRST STREET N.W.
LARGO FL 33770-3343

2. Principal Place of Business

3. Mailing Address

305 Hidden Lake Dr
Suite, Apt. #, etc.

SAME
Suite, Apt. #, etc.

City & State

BRANDON FL

City & State

Zip
33511

Country

Hillsborough

Zip

Country

4. FEI Number

59-3550866

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

RAYMOND A. FLUITSMA

Street Address (P.O. Box Number is Not Acceptable)

305 Hidden Lake Dr

City

BRANDON

FL

Zip Code

33511

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11.

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
RAYMOND A. FLUITSMA
305 Hidden Lake Dr
BRANDON FL 33511

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change

☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RAYMOND A. FLUITSMA

4/28/00

Date

(513) 661-2135

Daytime Phone #

CR2E034 (9/99)